family allowances were extremely glad that the *Society* was prepared to face up to the problem and to make available its resources, first of all for an inquiry, and when the inquiry was finished, for whatever action might be necessary.

Lord Horder said that he was very grateful to Mrs. Hubback for what he took to be in essence a vote of thanks. He was not unwilling to believe that whatever he might have done in respect of various activities which in his judgment contributed to human health and happiness had been the result of courage rather than of intelligence! Of the two qualities it was perhaps of courage that there was the greater lack. A friend of his—he called him a friend, but he rather thought the intention of his speech was not too friendly—once said of him that he seemed to be interested in everything from birth control to cremation. He accepted that compliment at its face value. He was a doctor and therefore his interest did begin with birth, and even before birth, and as to the disposal of the human body after death, that also was a matter of sanitation, if nothing else.

He hoped that those present generally would agree with Mr. Binney that it had been worth holding this Luncheon. Although it might not have made any constructive addition to their policy as eugenists, it had demonstrated that they were alive, and that they were bent upon extracting from this evil thing, war, whatever good may accrue to their fellow human beings.

ABORTION—RIGHT OR WRONG?*

By DOROTHY THURTLE

Author of the Minority Statement in the Report of the Inter-Departmental Committee on Abortion

Origin of Inter-Departmental Committee

THE disappointing results of the Maternity and Child Welfare Act of 1918 in reducing maternal mortality and morbidity led to the appointment, in 1928, of an Inter-Departmental Committee with the following terms of reference: "To advise upon the application to maternal mortality and morbidity of the medical and surgical knowledge at present available and to enquire into the needs and direction of further research work." This Committee finally reported in 1932, and subsequently a further investigation was undertaken by medical officers of the Ministry of Health, who paid visits to various centres and made a detailed examination of actual conditions, and of the working of the 1918 Act. The results of this investigation were published in 1937, and although the 1928 Committee made reference to abortion, the medical officers went further and recommended that an examination should be made into the influence which abortion may exert on maternal mortality and morbidity and future child-bearing.

The Inter-Departmental Committee on Abortion was accordingly set up in May, 1937. It consisted of fifteen members, of which five were women. Of these five, four were titled women and the fifth was myself. Two were doctors. One of the women doctors resigned at an early stage, for domestic reasons, her place being taken by a male barrister, so that four women only served on the Committee for most of the time. The male members were two barristers, one being the Chairman, Mr. Norman Birkett, three gynaecologists, one medical officer of health, the chief London magistrate, one coroner, one prosecuting solicitor, and a representative each from the Ministry of Health and the Home Office.

Memoranda was submitted by individuals

* Substance of a paper read at a meeting of the *Eugenics Society* on March 19th, 1940.

and organizations, and great care was taken to ensure that every point of view should be represented in the evidence before the Committee. Every memorandum submitted was circulated to each member of the Committee, although every individual submitting a memorandum was not necessarily invited to give evidence.

The Committee sat for two years, meeting 47 times, taking evidence from 55 witnesses. Its report was issued in June 1939.

Work of the Committee

At this point I should explain that when I accepted the invitation to serve on the Committee I had an open mind on the question of abortion, and in fact knew very little about it. I have always been very active in pressing for contraceptive facilities for all women, and my sense of justice and equality has revolted against the unfairness of the existing lack of system which causes the poorest and weakest women to bear the burden of constant child-bearing.

The Committee analysed abortion into three groups—spontaneous, criminal and therapeutic. It is quite impossible to ascertain what proportion of the abortions classed as spontaneous are in fact not criminal. The 1928 Committee, as well as the medical officers who investigated the question subsequently, both laid stress on the complexity of arriving at the number of cases intentionally induced. The 1928 Committee reported that "when to the biological aspects are added the problems due to intentional concealment, it is clear that the clinician may find it difficult or impossible in any given case to determine whether an attempt has been made at artificial induction or not. . . . Most of the medical witnesses . . . had a distinct impression, gathered from their clinical experience, that the practice of intentional induction of abortion is more frequent than formerly."

This opinion is supported by those who have had considerable experience among groups of working class and other women. I am of opinion, and I think I shall find support from other women interested in public health and contraceptive work, that among women who have no access to contraceptive knowledge, it is the rule rather than the exception for efforts to be made to bring on a period which is overdue. Invariably this is regarded as a sign that pregnancy may be present, and recourse is had in the first place to drugs, and when these are unsuccessful, to other and more sinister methods.

The majority of my colleagues were so bold as to report that in their opinion spontaneous abortion still accounts for a majority of the total number of abortions which occur. I did not feel convinced of this, and find no evidence to confirm it. My position is somewhat agnostic—I do not know. Even my colleagues, however, had to admit that the practice of criminal abortion appears to be growing.

Criminal Abortion

On the question of criminal abortion, it is my view that few women, lacking contraceptive knowledge, can escape the charge of being criminals, for the reason I have already given. A graphic description of the methods adopted by women when they fear they are pregnant, is to be found in the Majority Report of the Inter-Departmental Committee. This description throws light on the misery and suffering borne by women in their efforts to control their natural fertility. When it is realised that a great proportion of this unhappiness is avoidable and would not occur if contraceptive facilities were generally available, one realizes the heavy responsibility lying at the door of the obscurantists in this matter, chief among which are to be found in the Churches and among timid politicians.

I found a tendency among my colleagues to restrict the consideration of criminal abortion to those practising in undesirable conditions among the poor, and I therefore introduced the question of illegal abortions, and abortions induced for inadequate reasons of health, carried out by qualified men in high positions, in nursing homes and in the private houses of the rich. The operation known as dilatation and curettage covers

a multitude of abortions, and the complaisant practitioner who wishes to oblige his patient has developed a technique which would give great difficulty to the police if they attempted to prosecute him. The woman who wants to go winter sporting or who finds that a pregnancy would interfere with her activities during the season has no difficulty in persuading certain medical men to perform a suitable operation, at a price. The working woman on the other hand, whose condition might call for such an operation, has the greatest difficulty in getting it.

Therapeutic Abortion

The law with respect to therapeutic abortion, as laid down by Mr. Justice Macnaghten in the case of R. *v.* Bourne has made it clear that reasons of health must be taken into consideration as well as the life of the woman. This interpretation gives wide scope to medical men. They have in many cases been in the habit in the past of operating, on grounds of health, on women who could afford to pay excessive fees, and many operations have been carried out on very slight medical grounds which would not have been considered in the case of poor women. While welcoming this interpretation of the law, it still does not help the vast majority of women—it merely makes less risky the practice of fashionable medical men. Whether their fees will drop accordingly is a matter on which I am not competent to speak. It is true to say that the difference between the fee charged for a dilatation and curettage in the case of a rich pregnant woman, and that charged for one performed for certain conditions on a woman or girl who is not pregnant, is usually not for the medical risk alone, but for the surgeon's risk in performing an illegal operation in the one case, as against his security in performing the other.

Mortality and Morbidity from Abortion

It would be idle to attempt to establish an opinion that criminal abortion is not responsible for the greater proportion of all deaths arising from abortion, but it would be true to say that our investigation established the fact that the death-rate is less impressive than might have been expected. The Registrar General's figures for 1937 gave the average risk of death from abortion as approximately the same as that from child-bearing. It is generally agreed and recognized that spontaneous abortion accounts for very few deaths, and the rate in criminal abortion is therefore correspondingly high. Notwithstanding this, it came as a surprise to members of the Committee to learn that the mortality rate was comparatively low. The real problem is ill-health caused by the practise of unhygienic manipulation or by drugs.

As soon as this fact dawned upon me, I made a practice of asking all witnesses one simple question which took this form. " This committee has been set up to consider ways and means of reducing maternal mortality and morbidity arising from abortion. If all abortion attempts now being carried out in secrecy and under bad conditions were to be carried out by skilled practitioners in aseptic conditions, do you think a reduction in maternal mortality and morbidity would result ? " In every case the answer was in the affirmative. Even the Roman Catholic witnesses concurred in this proposition. Having delivered themselves into my hands, those witnesses who were passionately anxious that no relaxation of the law should be made, then proceeded to argue that if abortion operations were made easy to come by, many more women would avail themselves of them, and argued further that remote morbidity would result.

I confess that I still find the question of morbidity arising from abortion operations, even carried out in the best conditions, a difficult one. The only people who can speak with authority on this subject are those medical men who have performed such operations for slight reasons, or for no medical reason at all. In the nature of things they are unlikely to give themselves away. In addition, in many cases it is possible that after performing the operation they never see their patient again and are not in a position to observe the results. I

was assured by my gynaecological colleagues that such operations often produce undesirable results later in life. I know women who have had more than one operation who appear to be normally healthy, and must admit therefore that I was not very impressed by the assurances of my colleagues on this point. Their attitude on two matters of which I had considerable knowledge did not give me confidence in their freedom from prejudice. The two matters in question were contraception and the public health work carried out by local authorities. I heard it suggested that the practice of modern methods of contraception led to serious conditions, and this I could not accept. With regard to public health services I came to the conclusion that, with honourable exceptions, the medical profession still regard these services as encroaching on their vested interests, which are of more importance to them than the health of the people the services have been set up to help. I should perhaps qualify this by saying that I believe that the exceptions are increasing as time goes on.

Doubtful as I am in this matter of sequelae to abortion, it seems to me that almost any condition would be better than allowing existing practices to continue, and I reported accordingly.

Enforcement of the law

My colleagues spent a great deal of time and thought on trying to devise methods of enforcing the law as it stands, and made proposals which did not strike me as likely to be very effective. For example, they said " it is important that every citizen should co-operate with the police in the enforcement of the law." What could be more priggish and pious than that? A great majority of people have a sneaking sympathy with the abortionist, and particularly with the woman who has had recourse to her or him. One of the greatest difficulties experienced by the police is the secrecy with which such cases are surrounded. My colleagues also recommended that doctors should keep in mind the importance of the assistance which they can render to the police. Doctors desirous of retaining the confidence of their patients are extremely reluctant to take any action which will imperil this.

They also recommended the issue by a magistrate or police officer, on production of prima facie evidence, of a warrant to search any house or other place suspected to be used in connection with the Offences Against the Persons Act, 1861, that the words " poison or other noxious thing " should be replaced by the words " any substance whatever," and that coroners should be circularized to stress the importance of exercising the utmost vigilance in investigating all deaths following abortion.

They recommended that the sale of alleged abortifacient drugs should be restricted, or abolished altogether, that advertisements of female pills should be abolished, and that all workers and doctors coming in contact with women should impress upon them the ineffectiveness of taking drugs, and the danger to health entailed.

I was not impressed by any of these proposals, because I felt that something more fundamental was necessary. The law as it stands is in contempt with modern public opinion. Great sympathy is felt with the victims of abortion, even among those who administer the law, and something less negative is required to deal with the problem.

I regard the sale of abortifacient drugs as an evil because in many cases women spend money they can ill afford on drugs which cannot do what is claimed for them. In so far as these sales are taking money under false pretences, they are to be condemned, but I should strongly oppose attempts to restrict the sale of any drug that may eventually be found to bring about abortion, until such time as every woman in the country is in a position to protect herself against constant pregnancies by efficient contraceptive methods.

From this it follows that I dissent from the recommendation of my colleagues that if the new oestrogenic preparations now in an experimental stage eventually become effective as abortifacients, they should be controlled and the sale restricted.

I was disappointed and astonished that my colleagues would not even go so far as to propose that contraception should be made available for all women. In the course of this discussion, in order to bring home the point, I asked my colleagues to reveal the size of their own families. Four members out of the fifteen admitted to four children or over. If I had placed the number at five instead of four, only one member would have qualified. I could not accept the argument that advice should be withheld from the majority of working women because middle-class and rich women are not prepared to bear their share of maintaining the population at a size considered necessary for the well-being of the country. My impression was that the majority of my colleagues were deeply concerned with the problem of maintaining the population, but I pointed out that other methods must be found for dealing with that problem.

I do not apologize for raising the question of contraception for it is of vital importance in considering the question of abortion. An effort is made in some quarters to make a distinction between abortion, (sometimes referred to as " murder ") and contraception. The assumption would appear to be that the seed has no life until fertilization has taken place. This of course is nonsense. The law in the Infant Life (Preservation) Act has recognized the existence of an individual life after 28 weeks of pregnancy. In the words of the Act, if a woman has been pregnant 28 weeks or more, this is prima facie proof that she was at that time pregnant of a child capable of being born alive. Abortion prior to that time would therefore appear to be merely the removal of developing cells, and to me, is only one step along the line from methods to prevent conception. I believe that this is the way many women feel about it. No responsible person would advocate an operation for abortion after this period, and it is very doubtful if any experienced criminal abortionist would take the risk of operating after the third month.

Indications for Abortion

I do not doubt that where undesirable mental and physical characteristics are likely to be inherited, the *Eugenics Society* would agree that abortion is desirable. Incest would also probably be accepted as a proper indication.

In my report I included rape both in older women as well as in young girls, and I made no distinction between what are sometimes described as wilful girls, who lead young men on, and innocent girls who are victims. My colleagues, while expressing sympathy, found the difficulties in the way of amending the law in this way insuperable. I do not understand why. In the first place, the number of cases is small and cannot affect society, while the effects on the girls themselves might well be disastrous.

I do not know whether my colleagues were of opinion that the numbers of young girls becoming pregnant would increase if they realised it was possible to dispose of their pregnancies. This suggestion was certainly made. I was not convinced that the difficulties were insuperable, particularly as many European countries have already enacted legislation permitting abortion in such cases.

The indication for abortion in which I am most interested however, and which may give rise to controversy, is that women who have had four or more pregnancies should be recognized as fit subjects for abortion operations should they desire this. I recommend this for two reasons. In the first place, such women have done their share in maintaining the population. An even more important consideration is that experience shows that the maternal death rate increases after the third child and that the risk increases with each additional pregnancy. In addition families of more than four are more frequently to be found among people of low income, and the ill-health rate among these mothers is exceedingly great, as medical officers of health in the distressed areas and working class districts generally can testify. In fact, as I see it, the problem of maternal ill-health is, if anything, even greater than that of mortality.

I may be asked why I do not advocate

facilities for abortion for all women in any circumstances. It is true that I am one of the increasing number of people who believe that parenthood should be voluntary, but to enable this to become effective I prefer to continue to press for wide facilities for the spread of contraceptive knowledge as an alternative to abortion. The right to abortion for its own sake is something in which I have no particular interest. Neither have I any particular interest in the woman who wishes to have no children at all. I believe she is rare, and is usually able to take care of herself. I fixed the number of pregnancies at four because I believed it to be reasonable, and likely to appeal to normal people as a moderate suggestion, particularly taken in conjunction with the increased risks which I have mentioned.

Constructive proposals

The Maternity and Child Welfare Act of 1918 has done a great deal to improve the health and welfare of infants, and the reduction in the infantile death-rate has been progressive. The results among mothers have not been so marked, although it is true that after remaining stationary for several years, an improvement in the maternal mortality rate showed itself in 1936, and in 1938 it reached a low record. The morbidity rate is not found in statistics, but is undoubtedly high, and is due to a number of causes, among which poverty is one of the most important.

The Departmental Committee which reported in 1932, after examining the records of 6,000 women who died in childbirth, estimated that at least one-half of these deaths might have been avoided. In many of the cases diagnosis in early pregnancy would have allowed the condition to be treated, and the woman and child saved. In other cases, early abortion would at least have saved the life of the mother.

One of the greatest difficulties experienced by welfare authorities is to persuade pregnant women to attend the ante-natal centres as soon as they become pregnant. There is a very good and practical reason for this. After the birth of two or three children, when she finds herself again pregnant at a short interval, the woman in very many cases takes steps to bring on her period. If she is unsuccessful she may at a late stage attend the welfare centre, or decide to let matters take their course until it is time to book a midwife. If there is any abnormality, she has probably left it too late for treatment, and she may eventually be found swelling the statistics of maternal mortality.

With the growth of private birth-control clinics there has grown up a practice among women attending them, of regular visits at intervals of one or two years. These visits are of inestimable value. The examinations reveal any abnormal condition that may have arisen without the knowledge of the woman, and conditions which might have become serious if neglected are able to be treated. There can be little doubt that the gynaecological health of the women regularly attending birth-control clinics is a great improvement on that of the average woman who does not receive such regular examinations.

This experience is one that the Ministry of Health should weigh very carefully in considering a comprehensive scheme to reduce maternal mortality and ill-health. The Ministry is alive to the fact that the centres are not attended as well as they should be, and there will not be much improvement so long as the centres are only interested in mothers with babies.

The Ministry must first recognize the hard fact that women are reluctant to bear children at intervals of eighteen months or two years, however robust they may be, and if proper contraceptive facilities are not available they will do all in their power to get rid of pregnancies after the first few. The first step to be taken therefore is to permit contraceptive advice to be given to all women regardless of the state of their health. The women should be encouraged to make return visits for routine examinations and for refitting their appliances.

At the ante-natal clinic pregnancy diagnosis should be available. Many women dose themselves with drugs unnecessarily

under the impression that they are pregnant when in fact they are not. Much misery and nervous ill-health would be avoided if they could be properly advised. If a woman is found to be pregnant after the diagnosis, unless she is really desperate, she can be persuaded to go on with the pregnancy providing she is assured that after it is over she will be given reliable contraceptive advice. There will no doubt be exceptions, but the average woman is sensible, and the desperate expedients now resorted to are due to the hopelessness of the position. When she is pregnant with an unwanted child she feels like a trapped animal with no one to help her. The hope of being in a position to control her fertility after the child is born would give her courage to go through it once more, in the knowledge that in the future she will not be so helpless.

Pregnancy diagnosis is now being carried on in some public clinics, and this is good as far as it goes, but it is not a sufficient inducement to encourage women to attend as freely as they should. Contraceptive advice is the necessary pre-requisite.

I hope I have made it clear that while accepting abortion in certain circumstances as necessary at present, I do not regard it as an ideal solution of the problem of a high individual fertility rate. The ideal contraceptive has not yet been found, but the great majority of those now practising the latest methods have cause to bless the scientists who have been working on improvements. When these methods are available to all women, irrespective of class, it will be time enough to discuss whether abortion at the will of the individual is desirable.

Since the Inter-Departmental Committee made its report the war has come upon us, and the future of all social services looks very black. But if the country is to survive, the health of our mothers must be maintained, and we can only hope that our statesmen, recognizing this, will eventually take the necessary steps to secure healthy, happy motherhood.

I could find no member of the Committee to join me in signing a Minority Report, and on the other hand I could not sign that of my colleagues, as I felt it necessary to produce a report which might form a basis for constructive proposals to encourage those who are working for a real improvement in the lives of working women. I remembered that years ago a Royal Commission was set up to consider the Poor Law, and that twenty years after it had reported, the Minority Report was the basis of subsequent legislation. Who knows, some time the Report of the Inter-Departmental Committee on Abortion may receive government consideration. If so, I hope that history may repeat itself and that the proposals of the Minority Report may again form the basis of government action.

I am one of those who do not profess to understand the purpose or meaning of life. For me, the achievement of human happiness, and an understanding of human relationships, are sufficient purposes—they are within my capacity to understand. I have put forward the Minority Report in the belief that it will help to increase happiness, or at least reduce avoidable misery, and it is in that spirit that I commend the proposals contained therein to you this afternoon.